

STATE OF NEVADA  
DIVISION OF HEALTH CARE FINANCING AND POLICY  
**1915(i): Long Term Support Services (LTSS)  
Home and Community Based Services (HCBS)  
STATEMENT OF UNDERSTANDING**

The Home and Community Based Services (HCBS) under the 1915(i) are optional Nevada Medicaid services. These services provide Medicaid recipients a safe environment to maintain their well being, improve and maintain the recipient's level of functioning, and to lessen any decline in functioning due to disease and/or the aging process. A Health Care Coordinator (HCC) will be assigned and provide conflict free case management by working with the recipient, provider, and anyone else the recipient would like involved to develop an individualized service plan. The HCC will assist in assessing the recipient's needs to appropriately determine Medicaid services and community resources to prevent the risk of institutional placement.

- ☐ I choose to remain in the community.      ☐ I choose to transition into an institutional setting

☐ I choose to participate in the HCBS program:

☐ Adult Day Health Care program                      ☐ OTHER

☐ I decline to participate in HCBS program. I understand if I decline that it may affect my ability to attend Adult Day Health Care program

☐ I understand that my participation is conditional based on my eligibility for Medicaid.

☐ I agree to participate in an assessment and the development of a service plan that will address my needs and services that will assist me to remain in the community.

☐ I agree to designate my case manager to make referrals on my behalf for other community resources and/or medical services.

*This form was read to the recipient and/or their legal representative and their choice is indicated below.*

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized or Legal Representative Signature (if applicable)

\_\_\_\_\_  
Date

Authorized/Legal Representative's Relationship to Recipient: \_\_\_\_\_

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**1915(i): Long Term Support Services (LTSS)**  
**Home and Community Based Services (HCBS)**  
**RECIPIENTS RIGHTS**

\_\_\_\_\_  
Health Care Coordinator Signature

\_\_\_\_\_  
Date

**Program Origin:** ☐ ADHC ☐ Other:

**I hereby acknowledge that I have the RIGHT to:**

- Individualized services without regard to race, color, religion, national origin, gender identity, sexual orientation, age, or disability.
- Be treated with consideration and full recognition of your dignity and individuality.
- Inquire and receive prompt response to any questions pertaining to any aspect of your service.

**FREEDOM FROM ABUSE AND NEGLECT: (Nevada Revised Statute 200.5092)**

**It is my RIGHT to:**

- Not to be physically, sexually, or otherwise abused.
- Not to be neglected.
- Not to be exploited.
- Not to be isolated.

**If I feel I have been abused, neglected, exploited or isolated I know to report it right away to law enforcement (9-1-1) or the State of Nevada's Elder Rights Unit or Child Protective Services.**

***For individuals 18 years of age and younger:***

Clark County Hotline number is (702) 399-0081

Statewide Crisis Call Hotline ((800) 992-5757 for Northern and Rural Nevada

Washoe County Crisis Call Hotline (775) 784-8090

***For individuals Age 60 years and older:***

State of Nevada Aging and Disability Services Division Elder Rights Unit

Las Vegas/Clark County – (702) 486-6930

Statewide/All other Areas – (888) 729-0571

***For individuals between 19 and 59 years of age:*** DIAL 9-1-1

**Contact information**

Case Manager \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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